

**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**  
 (includes Reference to PCT International Applications)

 ATTORNEY'S DOCKET  
 NUMBER  
**PHBE020027 US**

As a below named inventor, I hereby declare that:

**Rec'd PCT/PTO**
**31 MAR 2005**

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **"Method and apparatus for forming epitaxial layers"** the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No \_\_\_\_\_

on \_\_\_\_\_

and was amended

on \_\_\_\_\_

☒ was filed as PCT international application

 Number PCT/IB2003/03635

 on 13 August 2003

and was amended under PCT Article 19

on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	02079085.3	3 October 2002	YES

**Combined Declaration For Patent Application and Power of Attorney (Continued)**  
 (includes Reference to PCT International Applications)

 Attorneys Docket Number  
**PHBE020027 US**
**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

 Jack E. Haken, Reg. No. 26,902  
 Michael E. Marion, Reg. No. 32, 266  
 Edward M. Blocker, Reg. No. 30,245

 Direct Telephone Calls to:  
 (name and telephone number)  
 (914)332-0222

201	FULL NAME OF INVENTOR	FAMILY NAME <b>MEUNIER-BEILLARD</b>	FIRST GIVEN NAME <b>Philippe</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b> <i>NY</i>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>France</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>
202	FULL NAME OF INVENTOR	FAMILY NAME <b>CAYMAX</b>	FIRST GIVEN NAME <b>Mathieu</b>	SECOND GIVEN NAME <b>Rosa Jozef</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Leuven</b> <i>Be</i>	STATE OR FOREIGN COUNTRY <b>Belgium</b>	COUNTRY OF CITIZENSHIP <b>Belgium</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Groeneveldstraat 64</b>	CITY <b>B-3001 Leuven</b>	STATE & ZIP CODE/COUNTRY <b>Belgium</b>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 202

 DATE  
 10 May 2004

DATE

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY  
(includes Reference to PCT International Applications)ATTORNEY'S DOCKET  
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Edward M. Blocker, Reg. No. 30,245

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201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		<b>MEUNIER-BEILLARD</b>	<b>Philippe</b>	
		<b>Eindhoven</b>	<b>The Netherlands</b>	<b>France</b>
		<b>Prof. Holstlaan 6</b>	<b>5656 AA Eindhoven</b>	<b>The Netherlands</b>
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		<b>CAYMAX</b>	<b>Mathieu</b>	<b>Rosa Jozef</b>
		<b>Leuven</b>	<b>Belgium</b>	<b>Belgium</b>
		<b>Groeneveldstraat 64</b>	<b>B-3001 Leuven</b>	<b>Belgium</b>

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SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 202

DATE

DATE

17 May 2004

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

Rec'd PCT/PTO

31 MAR 2005

10/530063

PTO/SB/80 (11-04)

Approved for use through 11/03/2005, OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO**

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24738

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

24738

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		


Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.  
Groenewoudseweg 1  
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/86 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	02 FEB 2005
Name	Michael E. Marion	Telephone	(914) 333-9637
Title	Authorized Representative		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.